

FACILITY EVALUATION REPORT

FACILITY NAME: GIBAULT
ADMINISTRATOR: JAMES SINCLAIR
ADDRESS: 1141 S. CENTER STREET
CITY: TERRE HAUTE
CAPACITY: 8
TYPE OF VISIT: Case Management
MET WITH: Rob Sturm, Dir. of Res. Svcs;
Mike Mariatt, Res. Svcs Supv

FACILITY NUMBER: 602300043
FACILITY TYPE: 731
TELEPHONE: (812) 299-1156
ZIP CODE: 47802
DATE: 05/31/2007
TIME BEGAN: 09:00 AM
TIME COMPLETED: 03:30 PM

Annual Re-Cert. **STATE:** IN **CENSUS:** 8 **UNANNOUNCED**

NARRATIVE

PURPOSE OF VISIT:

As mandated by California law, this annual visit was performed by the undersigned analyst for the purpose of re-certification and to verify that the facility continues to:

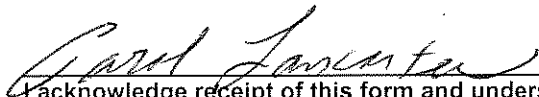
- have adequate and appropriate resources so as to provide safe, suitable 24-hour residential care, supervision and treatment services to children adjudged social service dependents or probation wards by a California Juvenile Court who are in need of out-of-state placement in a children's residential (group home) facility.
- remain in substantial compliance with California licensing standards and regulations as well as remaining licensed and in good standing with the licensing authority(ies) of the state of geographical location -- in this case, the state of Indiana.

CDSS CERTIFICATION HISTORY AND PROGRAM DESCRIPTION

Gibault became subject to certification by the California Department of Social Services (CDSS) in 2005 upon agreeing to accept a child (social services dependent) from California in need of placement in Indiana as part of a future reunification plan with his mother who was located in that state.

As part of the certification process, Gibault submitted an application for certification to the CDSS; underwent a three-day on-site inspection and evaluation by a CDSS certification analyst (May 16-18, 2005) and successfully implemented corrections when and where identified. Initial certification was subsequently granted August 1, 2005.

(NOTE: For a complete description and overview of Gibault's program, purpose, methods and goals, reference the initial 2005 certification report.)

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Carol Lancaster**TELEPHONE:** (916) 323-1692**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/06/2007

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 06/06/2007

This report must be available at Child Care and Group Home facilities for public review for 3 years.

6-18-07
JS

FACILITY EVALUATION REPORT (Cont)

Out of State Cert, 744 P Street, M.S. 19-50
Sacramento, CA 95814

FACILITY NAME: GIBAULT

FACILITY NUMBER: 602300043

VISIT DATE: 05/31/2007

NARRATIVE

CALIFORNIA PLACING AGENCIES / CHILDREN IN CARE:

The group home remains licensed for eight male children ages 8 to 18. At the time of this year's visit, there were no children from California in placement. All residents there currently were Indiana youth - - five from various local (county) social service agencies; one from probation; and one placed by a Department of Education representative.

FACILITY, PHYSICAL PLANT AND PROGRAM REVIEW AND CHANGES:

No significant facility or physical plant changes have occurred since the home was originally certified in 2005. The Victorian style home continues to offer its clients large rooms and ample space to reside in. The home is a two story structure - - common living and activity areas, a dining room and kitchen primarily constitute the first floor; four bedrooms, a large communal type client bathroom and a staff office comprise the second floor. The home additionally has a full basement and attic: Laundry facilities and a large food storage/pantry is located in the basement; the attic is used for miscellaneous storage. Both of these areas have locked doors which prevent unsupervised entrance for safety reasons. The home's exterior grounds is comprised of a modest, well landscaped front yard; the backyard is more generous sized and includes a half-court basketball area.

Overall, the home not only appears clean, safe, sanitary and in good repair, it offers an aesthetically pleasing, well furnished and warm environment. It is apparent that the home is well cared for and operated in a functional, orderly manner.

As concerns the program offered, there have been no significant changes. Typically, clients continue to be transitioned in from Gibault's 159 bed main campus after successfully completing their program there - - the focus of this 8-bed facility being transitional living skills and clients working toward becoming more independent and adulthood-ready.

FIRE CLEARANCE:

A compliance letter issued by the State of Indiana, Division of Fire & Building Safety was presented to this analyst as part of this year's visit. The letter indicated that a fire prevention inspection of the facility was conducted on November 16, 2006, and reflected "satisfactory" status with no remedial action necessary.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

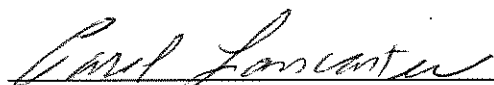
LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 323-1692

LICENSING EVALUATOR SIGNATURE:

838-5251

DATE: 06/06/2007



I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/06/2007

6-18-07
JW

FACILITY EVALUATION REPORT (Cont)

Out of State Cert, 744 P Street, M.S. 19-50
Sacramento, CA 95814

FACILITY NAME: GIBAULT

FACILITY NUMBER: 602300043

VISIT DATE: 05/31/2007

NARRATIVE

LOCAL STATE LICENSING / COMPLAINT ISSUES:

The facility was last issued a "Residential Child Care License" by the Indiana Family and Social Services Administration, Division of Family and Children on January 1, 2005. This license was posted as appropriate in the facility and has an expiration date of December 31, 2008.

In addition, copies of the last two annual licensing reports were collected and reviewed. These reports reflected the results of the last two reviews which were performed December 27 - 30, 2005; and December 14 - 20, 2006 respectively. In summary, while both reports did cite a few areas of non-compliance, the non-compliant areas were limited to minor staff record keeping and client treatment plan issues and were subsequently corrected expediently as appropriate.

As far as complaint investigations since last year's recertification visit, none have been brought to the attention of the CDSS and/or are known to have occurred.

ADMINISTRATION AND PLAN OF OPERATION REVIEW:

No significant programmatic or changes in management and/or administration are noted.

SCOPE OF RE-CERTIFICATION REVIEW:

- Collection of updated and current organization and program information and material.
- Entrance interview at group home site with Mike Marlatt, Residential Services Supervisor.
- Tour/Physical Inspection of group home: Assessment of condition of home and accommodations - - furniture/bedding, food, kitchen/cooking/eating essentials, toiletries, cleaning supplies and safe storage of same; first aid kit and medication supplies and safe storage of same; adequate laundry facilities, verification of posted license.
- Assessment of emergency procedures - - i.e., posted floorplan/diagram illustrating exit and evacuation routes; fire/smoke alarms being in working order; fire drill procedures/log.
- Staff file and training records review.
- Exit interview with Rob Sturm, Director of Residential Operations and Rebecca Stevens, CIO.

SUPERVISOR'S NAME: Mei Yuk Kung

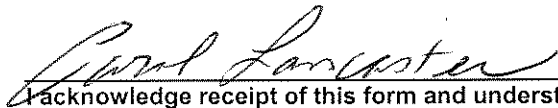
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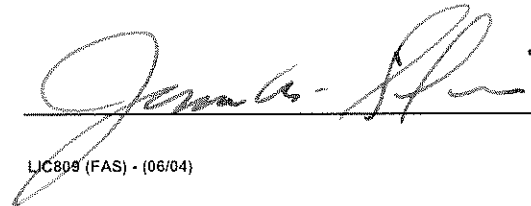
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I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/06/2007

6-28-07
JH

FACILITY EVALUATION REPORT (Cont)

Out of State Cert, 744 P Street, M.S. 19-50
Sacramento, CA 95814

FACILITY NAME: GIBAULT

FACILITY NUMBER: 602300043

VISIT DATE: 05/31/2007

NARRATIVE

1 FINDINGS; AREAS OF CONCERN AND/OR THOSE REQUIRING CORRECTION:2
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As a result of this year's inspection, no areas of concern, non-compliance or substandard conditions were identified. Overall, the facility appears clean, safe, sanitary and in good repair and condition; staffing and supervision/ management of same appears adequate; clients accepted appear to be appropriate for program offered.

CERTIFICATION DECISION:

Re-certify.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 323-1692

LICENSING EVALUATOR SIGNATURE:

DATE: 06/07/2007



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